

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
**091868354**

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					/	
2					/	
3					/	
4					/	
5					/	
6					/	
7					/	
8					/	
9					/	
10					/	
11					/	
12					/	
13					/	
14					/	
15					/	
16					/	
17					/	
18					/	
19					/	
20					/	
21					/	
22					/	
23					/	
24					/	
25					/	
26					/	
27					/	
28					/	
29					/	
30					/	
31					/	
32					/	
33					/	
34					/	
35					/	
36					/	
37					/	
38					/	
39					/	
40					/	
41					/	
42					/	
43					/	
44					/	
45					/	
46					/	
47					/	
48					/	
49					/	
50					/	
TOTAL IND.					/	
TOTAL DEP.			13		18	
TOTAL CLAIMS	2		14		19	

IND.	DEP.	IND.	DEP.	IND.	DEP.
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS	2		14		19

PTO-1240 (5-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. GOVERNMENT